

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1293	5/30/00	
O.I.P.E. CLASSIFIER		6-8 CTC	
FORMALITY REVIEW	6815	08/09/00	
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	6/5/99
1	22/02/99
2	- ✓
3	✓ /
4	✓ /
5	✓ /
6	✓ /
7	✓ /
8	✓ /
9	✓ /
10	✓ /
11	0/0
12	0/0
13	0/0
14	✓ /
15	✓ /
16	✓ /
17	✓ /
18	0/0
19	0/0
20	0/0
21	0/0
22	0/0
23	0/0
24	0/0
25	✓ /
26	0/0
27	✓ /
28	✓ /
29	✓ /
30	✓ /
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32	✓ /
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40	✓ /
41	✓ /
42	✓ /
43	✓ /
44	✓ /
45	✓ /
46	✓ /
47	✓ /
48	✓ /
49	✓ /
50	✓ /

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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